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SECOND SIGHT® MEDICAL PRODUCTS, INC.

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TO: OIPE Customer Service		FROM: Tomas Lendvai Reg. No. 57,488	
COMPANY: Commissioner for Patents U.S. Patent and Trademark Office		DATE: 10/25/06	
FAX NUMBER: (571) 273-8300		TOTAL NO. OF PAGES INCLUDING COVER: 3	
ART UNIT: 3762		ATTORNEY DOCKET NUMBER: S232-USA	
RE: U.S. Patent Application No. 10/655,772 Filed 9/5/03		CUSTOMER NO. 28284	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

12744 SAN FERNANDO ROAD, BUILDING #3
SYLMAR, CA 91342


PTO/SB/21 (07-06)

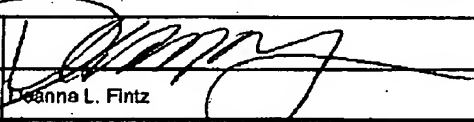
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/655,772	RECEIVED CENTRAL FAX CENTER OCT 25 2006
	Filing Date	September 5, 2003	
	First Named Inventor	Zhou, et al.	
	Art Unit	3762	
	Examiner Name	M.W. Kahelin	
	Attorney Docket Number	S232-USA	
Total Number of Pages In This Submission	2		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Correction
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	SECOND SIGHT MEDICAL PRODUCTS, INC.	
Signature		
Printed name	Tomas Lendvai, Ph.D.	
Date	OCT 25 2006	Reg. No. 57,488

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Typed or printed name	Deanna L. Fintz
Date	10/25/06

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INDICATION FORM

Application Number	10/655,772
Filing Date	September 5, 2003
First Named Inventor	Zhou, et al.
Title	Adherent Metal Oxide Coating Forming a High Surface Area Electrode
Art Unit	3762
Examiner Name	M.W. Kahelin
Attorney Docket Number	S232-USA

I hereby appoint:

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/23/06
Name	Robert J. Greepberg, M.D., Ph.D.	Telephone	(818) 833-5050
Title and Company	President and CEO/Second Sight Medical Products, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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